

OFFICE USE
Initial Application Date _____
Application Completed _____
C.C. By _____
D.E. By _____

Application # _____

CITY OF ASHEVILLE PERMIT APPLICATION
PLEASE PRINT CLEARLY AND USE BALL POINT PEN

☐ Residential ☐ Commercial

Occupancy Type:(circle) A1, A2, A3, A4, A5, B, E, F1, F2, H1, H2, H3, H4, H5, I1, I2, I3, I4, M, R1, R2, R3, R4, S2, S1

Construction Type:(circle) I-A, I-B, II-A, II-B, III-A, III-B, IV-HT, V-A, V-B

Name of Business/Lessee: _____ Unit# _____

Address: _____ PIN# _____
(Area of Town) N S Central E W

New Owner: Yes/No

Property Owner: _____ Address _____
City _____ State _____ Zip _____ Phone# _____

Contractor: _____ Address _____
City _____ State _____ Zip _____ Phone# _____ Fax# _____
Cell Phone# _____ City Privilege License# _____ NC GC License# _____
Email Address _____

Architect/Designer: _____ Address _____
City _____ State _____ Zip _____ Phone# _____ Fax# _____
Email Address _____

Project Information:

Use of Property _____ Lot # _____ Property Description: Owner Occupied Rental Sale
Stories _____ Foundation Type: Basement Crawlspace Slab on Grade Heating Source: Electrical Gas
Sq. ft. Heated Space _____ + Sq. ft. Unheated Basement, Garage, etc. _____ = Total Sq. ft. _____
Sq. ft. of Carports, Decks, etc. _____ Sq. ft. of Renovation/Additions _____

Residential Construction:

Construction Type (circle): Stick Built Modular Mobile Home (Year _____ Size _____) Basement Finished: Yes No
Units _____ # of Handicap Accessible Units _____ # of Bedrooms _____ # of Bathrooms _____ # of Fireplaces _____

Existing Building Construction: (circle and describe below) Building Construction: Combustible Non-Combustible
Addition Remodel Repairs Reroof Moving Change of Use Housing Code Report Repairs
Demolition: ☐ Entire Building ☐ Interior ☐ Structural ☐ Non-Structural
If Vacant, How long? _____ Change of Use? Yes No Previous Use _____

Description of Work _____

Permits Requested		Plans Submitted	Plans to be Submitted	Contractor	Cost of Work	Permit Fees
<input type="checkbox"/>	Building	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	Fire Sprinklers	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	Fire Alarms	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	Gas Piping	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	Hood System	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
				Total Project Cost	\$	\$
					Fire Fee	\$
					Total Fee	\$

Owner/Agent Signature

Address

City/State/Zip

Print Name
(Circle) Contractor Agent of Contractor

Phone#
Owner Agent of Owner

Pager# or Cell#
Architect Engineer Fax#
Other

If Questions Arise During This Review, Whom Should We Contact:

Print Name

Phone#

Pager# or Cell#

Fax#

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Signature of General Contractor or Authorized Agent

Print Name

OFFICE USE ONLY: _____
 Building Value \$ _____ Property Located in the Floodway Yes/No _____
 WNC AIR QUALITY Approved _____ Denied: _____ Date: _____



"We Don't Build the Buildings, We only Make Them Safer."